MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. FILING DATE 10/5784 APPLICANT(S)

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(FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** 1"AMENDMENT 2 MAMENDMENT IND. DEP. IND. | DEP. IND. DEP.

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PTO - 1360 (REV. 11/04)